|  |  |   |            |              |                                 |                    |   |                     | nlication (            | or Dr | cket Numb              | ner -                  |  |  |
|--|--|---|------------|--------------|---------------------------------|--------------------|---|---------------------|------------------------|-------|------------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001    |  |   |            |              |                                 |                    |   |                     |                        |       | ation or Docket Number |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |            |              |                                 |                    |   | SMALL EN            | ππ <b>γ</b>            | OR    | OTHER<br>SMALL E       |                        |  |  |
| TO   | TAL CLAIMS                                     |   | 17         |              |                                 |                    |   | RATE                | FEE                    |       | RATE                   | FEE                    |  |  |
| FO   | 3  |   | NUMBER     | FILED        | NUMBER EXTRA                    |                    |   | BASIC FEE           | 370.00                 | OR    | BASIC FEE              | 740.00                 |  |  |
| 101  | AL CHARGEA                                     | BLE CLAIMS                                | 17 mir     | ามร 20=      | • 0                             |                    |   | X\$ 9=              |                        | OR    | X\$18=                 |                        |  |  |
| ND   | EPENDENT CL                                    | AIMS                                      | ) mi       | inus 3 =     | · D                             |                    |   | X42=                |                        | OR    | X84=                   |                        |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |            |              |                                 |                    |   | +140=               |                        | OR    | +280=                  |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |            |              |                                 |                    | 1 | TOTAL               |                        | OR    | TOTAL                  | 740.0                  |  |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |  |   |            |              |                                 |                    |   | SMALLE              | NTITY                  | OR    | OTHER<br>SMALL E       |                        |  |  |
| AMENDMENTA   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | NUM<br>PREVI | HEST<br>MBER<br>HOUSLY<br>OFOR  | PRESENT<br>" EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                   | ADDI-<br>TIONAI<br>FEE |  |  |
| DME  | Total  | . 19                                      | Minus      | "            | 20                              | - 0                |   | X\$ 9=              |                        | OR    | X\$18=                 |                        |  |  |
| MEN  | Independent                                    | . 5                                       | Minus      | ***          | 3                               | ·2                 |   | X42=                |                        | OR    | X84=                   | 172                    |  |  |
| ⋖  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |            |              |                                 |                    |   | +140=               |                        | OR    | +280=                  |                        |  |  |
|  | •  |   |            | :            |                                 |                    |   | TOTAL               |                        | OR    | TOTAL<br>ADDIT, FEE    | 172                    |  |  |
|  |  | (Column 1)                                | :          | (Colt        | umn 2)                          | (Column 3)         | L | ADDIT. FEE          |                        |       | ADDIT. PEE             |                        |  |  |
| NT B.  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | NUI<br>PREV  | MEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA   |   | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                   | ADDI-<br>TIONA<br>FEE  |  |  |
| AMENDMENT  | Total  | •   | Minus      | **           |                                 | 2                  | ] | X\$ 9=              |                        | OR    | X\$18=                 |                        |  |  |
| MEN  | Independent                                    | *   | Minus      | ***          |                                 | ·                  | ] | X42=                | 7                      | OR    | X84=                   |                        |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |  |   |            |              |                                 |                    |   | +140=               |                        | OR    | +280=                  |                        |  |  |
|  |  |   |            |              |                                 |                    |   | TOTAL<br>ADDIT. FEE |                        | OR    | ADDIT. FEE             |                        |  |  |
|  |  | (Column 1)                                |            |              | umn 2)                          | (Column 3)         | 1 |                     |                        |       |                        | •                      |  |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | PRE          | IMBER<br>VIOUSLY<br>ID FOR      | PRESENT<br>EXTRA   |   | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                   | ADDI<br>TIONA<br>FEE   |  |  |
| MO   | Total  | •   | Minus      | ##           |                                 | =                  | 1 | X\$ 9=              |                        | OR    | X\$18=                 |                        |  |  |
| ME   | Independent                                    | •   | Minus      | . ***        |                                 | -                  | 4 | X42=                |                        | OR    | X84=                   |                        |  |  |
| 4  | FIRST PRES                                     | ENTATION OF                               | MULTIPLE D | EPENDE       | NT CLAIR                        | A L                | 1 |                     |                        | 1     |                        | 1                      |  |  |

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राजकारका २५% अवस्था स्थात २०० वाक्सी अवस्थितहरू <mark>जिल्ली स्थितहरू</mark>

+140=

+280=

OR

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\* TOTAL OR ADDIT. FEE ADDIT. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.